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Bib Data Sheet

CONFIRMATION NO. 9615

<b>SERIAL NUMBER</b> 08/719,571	<b>FILING DATE</b> 09/25/1996 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> A-63899-1
<b>APPLICANTS</b> DAVID J. ANDERSON, ALTADENA, CA; LI-CHING LO, ARCADIA, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/025,579 09/06/1996				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 09/25/1997				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 14
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> FLEHR HOHBACH TEST ALBRITTON & HERBERT FOUR EMBARCADERO CENTER SUITE 3400 SAN FRANCISCO , CA 941114187				
<b>TITLE</b> METHODS AND COMPOSITIONS FOR NEURAL PROGENITOR CELLS				
<b>FILING FEE RECEIVED</b> 664	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	